PCSST
Paterson Charter School for Science & Technology
Est. 2002

Central Office
196 W. Railway Ave. Paterson, NJ 07503
(973) 750-4401
www.pcsst.org

Notification of Notification of Continuing Placement in ESL Program

Name of Student: [enter name of student]
Date: [enter date of notification]
District/charter school: [enter District or Charter School Name]
School: [enter school name]
Current Grade Level: [enter current grade level]

Dear parent(s) or guardian(s):

Based on your child's English proficiency test scores, level of academic achievement, and teacher recommendation, we are pleased to inform you that your child will receive instruction in our school's ESL Program . The goal of the school PCSSTs ESL program is to help your child learn English and meet age-appropriate academic standards. Although you may request to have your child removed from the ESL Program, students normally participate for a period of 3 to 5 years. Multiple criteria are used in making determinations regarding when a student no longer needs program services. These criteria include**: Access for Ells test scores, academic achievement data, and teacher input.**

Your child's level of English was measured using the following test:
Access for ELLs Test,

Level of English proficiency: (**enter test score here)**
Your child's level of academic achievement was measured during a records review process upon entrance.
Level of academic achievement based on the above assessment: (**enter a description of academic achievement based on grades, benchmarks, etc..)**

If your child has a learning disability, improvement in his/her ability to speak, read, and write in English will help meet the objectives of his/her Individualized Education Program

The method of instruction used in your child's language assistance program is:
English as a Second Language (ESL)
Program Description:
ELL student will receive ESL pull-out and/or push in for ELA and in-class support in other core subjects as needed from an ESL certified teacher.

Please contact the below staff member in order to request additional information regarding available services or decline program services. You have the right to immediately decline program services or choose another program, if available.
Name:
Title:
Phone:
Email:

Sincerely: